PTO/SB/01 (06-03)

UTL 00290

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DECLARATION FOR UTILITY OR

Attorney Docket Number

DES	SIGN	1	First Named Inventor	Amit Ka	lhan	ı		
PATENT APPLICATION			COMPLETE IF KNOWN					
• • • • • •	R 1.63)	L	Application Number	To be as	ecianod	\dashv		
			Filing Date	To be as				
Declaration Submitted OR	Declarati Submitte	ion	Art Unit	August 2		-		
With Initial Filing		urcharge		To be as	-			
·	required		Examiner Name	To be as	ssigned			
I hereby declare that:								
Each inventor's residence, ma								
I believe the inventor(s) named which a patent is sought on the	d below to be the invention entit	ne original and first i tled:	nventor(s) of the si	ıbject matter wh	nich is claimed and for			
SYSTEM AND METHOL			AL LOCATION TO	DETERMIN	E WHEN TO EXIT A	N		
		ESS COMMUNIC						
		(Title of the i	Invention)					
the specification of which		(Title Of the I	nvention					
is attached hereto								
OR								
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was filed on (MM/DD/Y	YYY)		as United State	s Application N	umber or PCT Internati	onai		
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
Application Number	1	I hereby state that Ih ave reviewed and understand the contents ofth e above identified specification, including the claims, as						
	wed and under		•	ied specification	n, including the claims,			
		stand the contents	•	ied specification	n, including the claims,			
I hereby state that Ih ave revie amended by any amendment	specifically refe sclose informat	stand the contents rred to above.	ofth e above identif	as defined in	37 CFR 1.56, includin	as g for		
I hereby state that Ih ave revie amended by any amendment of I acknowledge the duty to dis- continuation-in-part application	specifically refe sclose informat ns, material info	stand the contents rred to above. tion which is mater ormation which bec	ofth e above identification in the patentability arms available between	as defined in veen the filing of	37 CFR 1.56, includin	as g for		
I hereby state that Ih ave revie amended by any amendment of I acknowledge the duty to dis- continuation-in-part application and the national or PCT internal I hereby claim foreign priority	specifically refe sclose informat ns, material info ational filing da	stand the contents red to above. tion which is mater ormation which because of the continuation of the contents of th	ofth e above identification of the patentability arms available between-in-part application-(d) or (f), or 365(as defined in veen the filing on.	37 CFR 1.56, includin date of the prior applic	as g for ation		
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Inis collection or information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patenta nd Trademark Office, U.S. Departmento f Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:				OR 🗸	Corresp	oondence address below	
	<u> </u>								
Name Kyocera Wireless Corp.									
Address P. O. Box 928289									
City State ZIP								ZIP	
San Diego					CA		92192-8289		
Country Telephone					Fax				
USA		1	858.882.2		_			8.882.3650	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed tob e true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN					has be	een filed for this	s unsign	ned inventor	
Given Name (first and middle [if any])	Amit				F	Family Name or Surname	Kalhan		
Inventor's Signature	allian							Date 8 26 03	
Residence: City	State			Coun	try		Citizer	nship	
San Diego		CA	į		USA			India	
Mailing Address 3550 Lebon Drive #6325									
City	State			$\neg \neg$	ZIP		$\overline{}$	Country	
San Diego		CA			92122			USA	
NAME OF SECOND INVENTO	R:						n filed f	for this unsigned inventor	
Given Name (first and middle [if any]) Henry			_ 		Family Name Chang				
Inventor's Signature 8/26/03									
Residence: City	CA			Cour	Country Citiz USA		Citize	zenship US	
Mailing Address 12676 Crest Knolls Court									
City State ZIP Country							try		
San Diego		CA				92130		USA	
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	To be assigned			
	Filing Date	08/26/03			
	First Named Inventor	Amit Kalhan			
	Title	DETERMINE WHEN TO EXIT AN EXIST			
	Art Unit	To be assigned			
	Examiner Name	To be assigned			
	Attorney Docket Number	UTL 00290			

I hereby appoint:			 -				
Practitioners at Customer	r Number:						
OR			_				
Practitioner(s) named below:							
	Registration Number						
Mark Snyder		37,239					
Lester J. Ander	son	45,833					
as my/our attorney(s) or agent(s) Trademark Office connected the	s) to prosecute the application identified a erewith.	bove, and to trans	act all business in	the United States Patent and			
Please recognize or change the	correspondence address for the above-i	dentified application	on to:				
The above-mentioned							
OR							
The address associate	ed with Customer Number:						
OR							
Firm or Individual Name	Kyocera Wireless Corp.						
	Address						
Address	P. O. Box 928289 San Diego						
Country							
Telephone	858.882.2000 Fax 858.882.3650						
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Amit Kalhan							
Signature Telephone 858 882 2000							
Date	8/26/03			858.882.2000			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of forms are submitted.							

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

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Application Number	To be assigned				
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First Named Inventor	Amit Kalhan				
Title	DETERMINE WHEN TO EXIT AN EXIST				
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Attorney Docket Number	UTL 00290				

I hereby appoint:					<u> </u>		
Practitioners at Custome	r Number:						
OR							
Practitioner(s) named below:							
Name Registration Number							
Mark Snyder		37,239					
Lester J. Ander	son		45,83	3			
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as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application identified above erewith.	ve, and to trans	sact all business i	n the United	States Patent and		
Please recognize or change the	e correspondence address for the above-ider	tified application	on to:				
The above-mentioned							
OR		_					
The address associated	ed with Customer Number:						
OR							
Firm or Individual Name	Kyocera Wireless Corp.						
Address							
Address	P. O. Box 928289						
City	San Diego	State	CA	Zip	92192-8289		
Country Telephone	USA Fax 858 882 3650						
I am the:	038.002.2000						
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Henry Chang							
Signature January							
Date	8176103		Telephone	85	8.882.2000		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of forms are submitted.							

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